



CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY

State Form 4604 (R12/9-09) Indiana Election Commission (IC 3-9-1-3, IC 3-9-1-4, IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK SEE INSTRUCTIONS ON REVERSE SIDE.

											FILE NUMBER	
1. IS THIS AN AMENDMENT	Γ?	X	NO [YES -	If YES, ple	ase ente	r the file nu	mber in t	his box		6742	
SECTION A CANDIDATE	INFOR	MATIC	ON: Fill	in all api	olicable l	boxes a	s fully and	accurat	elv as possi	ble.	<u>'</u>	
2. Last Name	First Name				Middle N			Nickname	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3. Type of Committee (Check only one)	
					Theory	مينانط					X Candidate's Principal Committee	
Hill, Jr. Curtis					Theophilus						Exploratory Committee	
4. Mailing Address					5. FAX (Optional)				6. E-mail (Options	al)		
P.O. Box 7												
7. City State Zip C			Zip Code		8. County		9. Telephone (Day)		<u> </u>	10. Telephone (Evening)		
			46515		Elkhart	574-295-9000			57		-295-9000	
11. Party Affiliation				12 Office Sou		strict number	number, if any. Not required for an expl		oratory committee.)			
Republican	ATTORNEY GENERAL											
•		in all applicable boxes as fully and accurately as possible.										
SECTION B COMMITTE					oplicable	boxes	as fully and	d accura	itely as pos	sible.		
13. Fill name of committee (Do Not abbrev Curtis Hill for Indiana	iate)		theck if this is	a new name								
14. Mailing Address Check if this is a new address				s 15. FAX (Optional)			ptional)	nal) 16. E-mail Address		(Optional)		
P.O. Box 7												
17. City Elkhart	State Zip Code IN 46515				18. County Elkhart		19. Telephone 574-295-9000			20. Cd	20. Committee Organization Date (<i>MM-DD-YY</i>) 11/16/2015	
21. Chairperson's Full Name	Design	nate Cand	lidate as Chair	rperson		Checl	if this is a new ch	airperson				
Linda L Chezem												
22. Mailing Address Check if this is a new address						23. FAX ((Optional)		24. E-mail Address Optional)			
530 Denny Drive								Linda.Chez		zem@g	Jmaii.com	
25. City				2	26. County	27. Telephone (Day)			28. Telephone (Evening)			
Mooresville IN 46158					Morgan			317-409-5050		31	7-409-5050	
29. Bank or Other Depositories	(List all bank	s or other	· depositories	in which the cor	nmittee deposi	ts funds, hold	accounts, rents sa	afety deposit t	ooxes or maintains fu	nds.)		
Old National Bank												
30. Exploratory Committee (Give brief	statement exp	plaining pu	ırpose of an e	exploratory comi	mittee only)				ents (Will the commit st wages? If Yes, atta			
							salary of relitious	sement for io.	st wages: II Tes, atta	спа сору с	X No Yes	
SECTION C. APPOINTM	ENT OF	TREA	SURER	(IC 3-9-1	-14)							
32. I, as Chairperson of the foregoing committee,					Person Appointed Treasurer				Signatu	re of the Co	ommittee Chairperson	
appoint the following person as Committee.	s Treasurer	r of the			Anthony	P. Dible	ev CPA					
33. Treasurer's Full Name	Ī	Des	ignate Candic	date as Treasure				ck if this is a r	new Treasurer			
Anthony Datrial Dibloy	L											
Anthony Patrick Dibley	Charle is the					105 500	(O-ti1)			-l (O-4	i-m-D	
34. Mailing Address	Check if thi	is is a nev	n address				(Optional)		36. E-mail Ad	aress (Opti	ionai)	
3414 County Road 6 E.						574	-264-4588					
37. City		State	Zip Code		38. County		39.	. Telephone (40. Telephone (Evening)	
Elkhart		IN	46514		Elkhart			574-26	62-5027		574-262-5027	
SECTION D. ACCEPTAN	CE OF A	PPOI	NTMEN	T (IC 3-9-	1-15)							
41. I give notice that I accept the duties and responsibilities of Treasurer of this										ointment		
committee. I am not the chairperson of a campaign finance committee (except												
as permitted for a candidate co			<u></u>								FOR OFFICE USE ONLY	
SECTION E. CERTIFICATION OF STATEMENT											Infirm Nbr: 13259	
We certify as the candidate and the duly appointed Chairperson of the committee that we have											4440/0045 0 00 00444	
examined this statement. To the best of our knowledge at 42. Typed or printed name of Chairperson				e and beliet it is true, correct and comp Signature of Chairperson			mplete.	Date (MM-DD-YY)		Filed	: 11/19/2015 9.55.00AW	
, ., , , , , , , , , , , , ,			1.5.10	<u> </u>					,			
43 Typod or printed name of Condid-to			Class -	turo of Candid	ıto.			Dots /A	4M-DD-VV\	4		
43. Typed or printed name of Candidate			Signa	ture of Candida	ne e			Date (N	MM-DD-YY)			
Curtis Theophilus Hill, Jr.										4		
Warning: State law requires that any chang fraudulent report commits a Class D felony	(IC 3-14-1-13)). A perso	n who fails to	file a complete	or accurate rep	ort as require	d by the Indiana C					
Finance Law commits a Class B misdemea	nor (IC 3-14-1-	-14), and	may be subject	ct to civil penalti	ies (IC 3-9-4-16	6, 3-9-4-17, a	nd 3-9-4-18).					